

Clare Cooper reports on welcome legislation to stop a barbaric practice

# Female genital mutilation



**A** young woman in her late twenties presented at Kapsowar Hospital, Kenya with a vesico-vaginal fistula. For four years she had been a social outcast, rejected by her husband and village because of the 'shame' of her condition. Further enquiry uncovered a history of female genital mutilation in childhood which caused vaginal stenosis. She had subsequently married and become pregnant but during the second stage of labour progress was arrested and the baby died in the birth canal. The infant had to be removed surgically and the young woman was left with a fistula which leaked urine continuously. The subsequent repair of the fistula changed this woman's life and enabled her to make a new start (picture left).

The *Female Genital Mutilation Act 2003*, which took effect at the beginning of this year in England and Wales, makes it illegal to take girls abroad for female genital mutilation (FGM). It also increases the maximum penalty for committing or aiding the offence to 14 years in prison.

FGM includes various procedures in which the healthy female genitalia are removed or mutilated causing serious complications. The 1985 *Prohibition of Female Circumcision Act* made the practice illegal in the UK but left many girls at risk of being taken overseas for the ritual – whether as a young baby or at any time up until marriage.

FGM is practised in 28 African countries, parts of South East Asia and the Middle East. In the UK, communities originating from such countries (mainly Eritrea, Ethiopia, Somalia and Yemen) may continue the practice.<sup>1</sup> About 7,000 girls under the age of 17 are thought to be at risk in the UK, and at least 74,000 women have been subjected to the procedure.<sup>2</sup> Worldwide between 100 and 140 million females are thought to have been affected.

FGM is regarded as a traditional cultural practice by those who support it, seen by some as a cleansing process, protecting virginity and family honour. It is not, as sometimes stated, a religious requirement. It is sometimes intended to provide more sexual pleasure for the husband and increased fertility. Women may support it as an aspect of their community identity.

The view from the West is of an abusive event, commonly excising all or part of the clitoris and/or labia, and sometimes stitching together the labia majora. (In some communities the latter may be reversed after the marriage ceremony and it may be

redone after childbirth). Pain, haemorrhage, infection and sometimes death may result in the short term. In future years problems of menstruation, urinary and pelvic infections, psychological symptoms, sexual difficulties, infertility and difficult childbirth may ensue. The risk of dying in childbirth is doubled, the risk of stillbirth is increased three or four times.<sup>3</sup>

Clearly FGM is no 'female equivalent' of male circumcision. It has no foundation in religious writings or as a covenant sign. It is more a sign of male domination over a woman's life.

In the book of Genesis, God creates Eve from Adam's side, to be at his side and to be united with him throughout life.<sup>4</sup> However, as a consequence of the Fall husbands began to rule over their wives and the complementary relationship that God originally intended for marriage was lost.<sup>5</sup> The new covenant that Jesus gave to the world brings a new freedom for all who believe in him.<sup>6</sup> There is no place in God's kingdom for abuse and oppression, nor for the idea, bound up with FGM, that sexual pleasure is only for men. *Song of Songs* reminds us that both the lover and the beloved take pleasure in physical love. The Song says of the beloved that her own body is hers to give.<sup>7</sup> Therefore no one has the right to abuse it.

Paul reminds husbands to 'love their wives as their own bodies'. He goes on, 'He who loves his wife loves himself. After all, no one ever hated his own body, but he feeds and cares for it'.<sup>8</sup> Such care is grossly distorted when FGM is perpetuated by adults who have failed to see the harm it does and who have promoted it within the family they love.

Attitudes are changing thanks to education about the consequences of FGM. Several African countries have banned the practice and others are pursuing educational programmes. In the UK, girls aged seven to nine are most likely to be mutilated and doctors should be vigilant. Insensitive handling of child protection procedures may result in the child being taken abroad. The new legislation makes this less likely and is to be welcomed but there is no room for complacency. There is a need for continuing education of healthcare professionals and involved communities, both in terms of discontinuation of the practice and giving help to those already mutilated.

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## References

1. [www.bma.org.uk/ap.nsf/content/female+genital+mutilation](http://www.bma.org.uk/ap.nsf/content/female+genital+mutilation)
2. CMO bulletin January 2004 page 7
3. World Health Assembly May 1993
4. Genesis 2:21,24
5. Genesis 3:16
6. John 8:36
7. Song of Songs 8:12
8. Ephesians 5: 28-29

- Guidelines for managing children at risk of FGM can be found at [www.bma.org.uk/ap.nsf/content/female+genital+mutilation](http://www.bma.org.uk/ap.nsf/content/female+genital+mutilation)

See also:

- Dept of Health, Home Office, Dept for Education and Employment. *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children.* London: The Stationery Office, 1999.